PART B - FEE(S) TRANSMITTAL omplete and spnd this form, together with applicable fee(s), to: <u>Mail</u> Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 NOV 0 7 2006 Alexandria, Virginia 22313-1450 (571)-273-2885 or <u>Fax</u> INSTRUCTIONS: The form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated transport or corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 23859 7590 08/04/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NEEDLE & ROSENBERG, P.C. **SUITE 1000** 999 PEACHTREE STREET ATLANTA GA 30309-3915 /08/2006 WASFAW2 00000041 10079130 Fernandez (Reg. No.46,694) ositor's name) M, (Signature 700.00 OP 02 FC:1504 03 FC:8001 300.00 OP (Date) 30.00 OP FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 21099.0074U2 02/20/2002 6995 10/079,130 Richard B. Meagher TITLE OF INVENTION: METHOD OF RAPID PRODUCTION OF HYBRIDOMAS EXPRESSING MONOCLONAL ANTIBODIES ON THE CELL SURFACE

APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE							
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nonprovisional	YES	\$700	\$300	\$0	\$1000	11/06/2006							
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS										
OUSPENSKI, ILIA I		1644	424-133100	•									
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